

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050042

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12588

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 27 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b
5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Illinois** b. COUNTY

c. CITY
OR
TOWN **Cahokia**

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **St. Louis-Little Rock
Hospitals, Inc.**

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS **809 Nelson Ave.,**

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Harry Hill Verbeck

4. DATE
OF
DEATH
Month Day Year
December 18 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1-10-1881

9. AGE (last birthday)
82

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Pensioned Conductor

10b. KIND OF BUSINESS OR INDUSTRY
Railroad

11. BIRTHPLACE (City and state or country)
Vergennes, Illinois

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Frank Verbeck

13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Porter

14. NAME OF HUSBAND OR WIFE

Estelle Stump Verbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Mrs. Estelle Verbeck 809 Nelson Ave.
Cahokia, Ill.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Mesenteric Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH
24 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

57702

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., In or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Dec 13, 1963** to **Dec 18, 1963** and last saw him alive on **Dec. 18, 1963**
Death occurred at **8.10 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
Benjamin H. Charles, Jr., M.D.

22b. ADDRESS

1755 So Grand Blv'd

22c. DATE SIGNED

Dec. 19, 1963

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE
12-21-1963

23c. NAME OF CEMETERY OR CREMATORY
St. Claire Memorial Park

23d. LOCATION (City, town, or county)
E. St. Louis, Ill.

24. FUNERAL DIRECTOR

ADDRESS

Kurrus Funeral Home

E St. Louis, Ill

25. DATE RECD. BY LOCAL REG.

DEC 19 1963

26. REGISTRAR'S SIGNATURE

Loard Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

15580-000

15580

15580

15580

15580

Illinois

Illinois

Illinois

Illinois

Illinois

Illinois

Illinois

Illinois

1-10-1961

White

U. S. A.

Vergeress, Illinois

Illinois

Illinois

Estelle Stump Verbeck

Mary Elizabeth Porter

Frank Verbeck

518-00-8000 Mrs. Estelle Verbeck 800 Madison Ave.
Chicago, Ill.

OK

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Kerrus Funeral Home*
J. R. Vogt

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

15-51-100

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Illinois